




Family Name (CAPS) QUINTERO-MARTINEZ, ARNULFO		First	Middle
Country of Citizenship MEXICO	Passport Number and Country of Issue CASE No A	File Number (b)(7)(E)	
U.S. Address			
Date, Place, Time, and Manner of Last Entry 09/20/2007, 1800, 10 mile(s) W of SAS		Passenger Boarded at	
Number, Street, City, Province (State) and Country of Permanent Residence PUEBLA PUEBLA, PUEBLA, MEXICO			
Date of Birth (b)(6)(b)(7)(C) Age: 17	Date of Action 09/21/2007	Location Code (b)(7)(E)	
City, Province (State) and Country of Birth PUEBLA, PUEBLA, MEXICO	AR <input type="checkbox"/>	Form: (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>	
NIV Issuing Post and NIV Number	Social Security Account Name		
Date Visa Issued	Social Security Number		
Immigration Record (b)(7)(E)		Criminal Record	
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)			Number and Nationality of Minor Children
Father's Name, Nationality, and Address, if Known See Narrative		Mother's Present and Maiden Names, Nationality, and Address, if Known See Narrative	
Monies Due/Property in U.S. Not in Immediate Possession None Claimed	Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Systems Checks	Charge Code Words(s)
Name and Address of (Last)(Current) U.S. Employer	Type of Employment	Salary Hr	Employed from/to
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) (b)(6)(b)(7)(C)			
			
			
			
ARREST COORDINATES: -----			
CONSEQUENCE DELIVERY SYSTEM: ----- (b)(7)(E)			
Alien has been advised of communication privileges _____ (Date/Initials)		(b)(6)(b)(7)(C) BORDER PATROL AGENT (Signature and Title of Immigration Officer)	
Distribution: (b)(7)(E)		Received: (Subject and Documents) (Report of Interview) Officer: (b)(6)(b)(7)(C) on: September 21, 2007 at 0123 (time) Disposition: Voluntary Return Examining Officer: (b)(6)(b)(7)(C)	

Alien's Name QUINTERO-MARTINEZ, ARNULFO	File Number A Event No: (b)(7)(E)	Date 09/21/2007
<p>FATHER NAME AND ADDRESS: ----- (b)(6)(b)(7)(C)</p> <p>MOTHER NAME AND ADDRESS: ----- (b)(6)(b)(7)(C)</p> <p>NARRATIVE: ----- Subject has been identified as a potential participant in the Interior Repatriation Program.</p> <p>Participant is :[] a Volunteer or [X] an At Risk person.</p> <p>Accompanied by: Participant is traveling with: Unaccompanied Juvenile _____ _____ _____</p> <p>If Alien has no luggage or property have them initial indicating they have no luggage or property : PROPERTY TAG # (b)(7)(E)</p> <p>HEALTH RISK ASSESSMENT: (BORSTAR use only)</p> <p><input checked="" type="checkbox"/> Dehydration _____</p> <p><input type="checkbox"/> Physical Injury _____</p> <p><input type="checkbox"/> Hypertension _____</p> <p><input checked="" type="checkbox"/> Physical Exhaustion _____</p> <p><input type="checkbox"/> Over 40 years old</p> <p><input type="checkbox"/> Under 13 years old</p> <p><input type="checkbox"/> Diabetic _____</p> <p><input checked="" type="checkbox"/> Unfit to walk in a harsh environment</p>		
Signature (b)(6)(b)(7)(C)	Title BORDER PATROL AGENT	

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<p><input type="checkbox"/> Cardiac _____</p> <p><input type="checkbox"/> Respiratory _____</p> <p><input type="checkbox"/> Other list: _____</p> <p>_____</p> <p><input checked="" type="checkbox"/> No Treatment Required</p> <p><input type="checkbox"/> Treated</p> <p>BORSTAR Agent's Signature and Star Number: (b)(6)(b)(7)(C)</p>		
Signature (b)(6)(b)(7)(C)	Title BORDER PATROL AGENT	